Supervision for Managers/Professionals 2005-2006 Participant Registration Form

Name:			SS #:			
Name as you want	it to appear on yo	ur certificate *:				
Agency/University:						
Division/Institution:						
Work Address: (Include building, courier number, etc.)						
Work Phone: ()		Home Phone: ()	Fax: ()	
Email:						
Special Needs:	☐ Har	ndicap Access	☐ Visually Impa	aired	☐ Hearing Impaired	
Other (please in	dicate):					
Registration fee for	I/REFUND POL each program loc (\$250.00) Area (\$250.00)	CY: Notice must cation is in (). **Re Raleigh Raleigh Raleigh Raleigh	egistration is a <i>con</i> II (\$250.00) II (\$250.00)	<u>nmitment</u> v	to the first session. to pay the fee indicated. Vilmington (\$250.00) Vinston-Salem (\$250.00	
Applicant:						
	Please Print)		Signature		Date	
Approved: Immedia	ate Supervisor:					
Name (Please Print)		Signature		Date	
nterdepartmental	•	tor	· ·			
Name (Please Print)		Signature		Date	
Registration fee inc	cluded:	☐ Yes	☐ Purchase Or	der#:		
For DHHS use only						
Account/Center Co Controller's Office		□ North Centr	al 🗖 Fasterr	,	aleigh Area	

Return to: Joan Davis, Personnel Development Center, 1333 Mail Service Center, Raleigh, N.C. 27699-1333 Make checks payable to: The Office of State Personnel, Personnel Development Center. **Deadline: 7/15/05**